



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

Section 403- Emergency Medical Response

Emergency Medical Response - 403.00		
S.O.P. # 403.13	Naloxone Leave Behind Program	PAGE: 1 OF 2
EFFECTIVE: 07/01/2018	Authorized: John Filer, Chief	
REVISED: N/A	Authorized: William Stephens, Director	
	Authorized: Kevin Seaman, MD	

403.13.01 Purpose

This SOP describes clear direction for calls in which Naloxone (narcan) can be left behind after an event in which a patient was treated for an opioid overdose with narcan administered by family, law enforcement or Fire/EMS.

The Centers for Disease Control (CDC) reported that the number of suspected opioid overdoses seen in the ED in 45 states, in a 14 month period, was over 140,000 with a 30% increase during that period. Deaths have reached critical levels, causing national and state leaders to call for an "all hands" effort to decrease deaths. We have been asked by the Charles County Health Department to do our part. Simply, preventing one overdose death provides an opportunity for treatment and rehabilitation back to a productive role in society. This program provides an opportunity to pilot an intervention and assess its' impact on lives saved in our community.

This is a Pilot Protocol in the Maryland Medical Protocols and the Charles County EMS Operational Program has been approved to participate. As such, all Charles County affiliated ALS providers will be eligible to participate.

403.13.02 Cited References

1. Code of Maryland, Criminal Procedure Article, 1-210
2. Code of Maryland, Health General Article, 13-3110
3. Maryland Medical Protocols 2018, Pilot Program, Naloxone Leave Behind Program, p. 366-10

403.13.03 Definitions

1. **Opioid-** For the purpose of this SOP, an opioid is defined as a class of drugs that include prescription pain relievers, heroin and synthetic opioids which alter the perception and emotional response to pain.
2. **Naloxone Leave Behind Kit** - a bag to leave behind with a responsible party, when criteria below are met. The kit contains: one 4 mg in 0.1 ml Nasal administration device, card instructing use, a pamphlet containing contact information for help, a magnet with resources available and a



Charles County Department of Emergency Services STANDARD OPERATING PROCEDURES

403.13.04 Policy

1. A Naloxone Leave Behind Kit must be offered to a responsible party in the event of an opioid overdose, after the patient is treated, stabilized and refuses transport, following completion of a Patient Initiated Refusal Form.
2. Each transport unit will be stocked with four (4) (Naloxone Leave Behind) kits.
3. Contact the on duty Medical Duty Officer for replacement when stock is insufficient.
4. A Naloxone Leave Behind Kit may be distributed on each call in which it is indicated to be left.
5. One kit may be left for each patient at the scene if more than one patient meets the criteria stated in the Maryland Medical Protocol. It may also be left with for the same patient during subsequent events regardless of the time since the last event.
6. Narcan will only be left behind to responsible individuals who are 18 years and older.
7. Documentation will be required indicating whether or not Narcan was left behind after stabilizing opioid patient.
8. Narcan will only be left behind on calls occurring within the limits of Charles County. If responding to a mutual aid call in another jurisdiction, a Naloxone Leave Behind Kit will **NOT** be left. Be sure to document this as the reason it was not left behind in the patient care report.

403.13.05 Procedure

1. In the event that a patient overdoses on an opioid, personnel should immediately treat the patient and stabilize them.
2. After stabilizing the patient, encourage them to seek additional medical treatment at a hospital, and inform them of the potential risks of not obtaining additional treatment at the hospital.
3. If they deny/refuse transport, a patient initiated refusal form must be completed. Then leave behind an opioid care kit to a trusted and responsible individual who is 18 years of age or older.
4. Advise them of the help that is listed on the pamphlet, as well as the magnet.
5. Give the individual who will be responsible for the opioid care kit guidance on how to administer Narcan in the event that an overdose were to occur again.
6. Document if a Narcan Leave Behind Kit was left behind as well as who received it in Elite and fill out the supplemental question.
7. If the Naloxone Leave Behind Kit is refused, document such in your patient care report. Do not force the kit and or services on persons who are unwilling to accept them.

403.13.06 Standards

1. The standard dose of Narcan to be left behind is 4mg/0.1mL nasal spray.
2. Each kit will contain a refrigerator magnet with help resources, kit card with directions on how to administer Narcan for opioid overdoses, and a standard dose of Narcan nasal spray.